

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						001083282		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	-IND.	DEP.	-IND.	DEP.	-IND.	DEP.		
1	1							
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50								
TOTAL IND.	4							
TOTAL DEP.	2							
TOTAL CLAIMS	33							